

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

ADDRESS (number and street) ▼

ATTENTION: MARY ANN ROUSE

1000 BLYTHE BOULEVARD

☐ Check if different than previously reported. (ACC)

CHARLOTTE

NC

28203-2861

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00423871

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2)

☐ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE)

☐ July 31 Mid-Year Report (Non-election Year Only) (MY)

☐ Termination Report (TER)

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only) ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only) ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ PRE-Election Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on / / in the State of

(d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S) ☐ POST-Election Report for the:

Election on / / in the State of

5. Covering Period / / 01 01 2012 through / / 03 31 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Ann Rouse

Signature of Treasurer Mary Ann Rouse

[Electronically Filed]

Date

04

04

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		233584.13
(b) Cash on Hand at Beginning of Reporting Period.....	233584.13	
(c) Total Receipts (from Line 19)	22088.14	22088.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	255672.27	255672.27
7. Total Disbursements (from Line 31)	17500.00	17500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	238172.27	238172.27
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01	/	01	/	2012

To:

M M	/	D D	/	Y Y Y Y
03	/	31	/	2012

I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

15770.71

15770.71

(ii) Unitemized

6288.22

6288.22

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

22058.93

22058.93

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

22058.93

22058.93

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

29.21

29.21

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

22088.14

22088.14

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

22088.14

22088.14

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	17500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17500.00	17500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17500.00	17500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	22058.93	22058.93
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22058.93	22058.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Eugene A DeLaddy

Mailing Address 5213 Lila Wood Circle

City State Zip Code
Charlotte NC 28209

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 02 / 2012

Transaction ID : SA11AI.9047

Amount of Each Receipt this Period

1000.00

Credit

Full Name (Last, First, Middle Initial)

B. Dr. Marsha D Ford

Mailing Address 6836 Alexander Road

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
PHYS

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2012

Transaction ID : SA11AI.9028

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)

c. Dr. Marsha D Ford

Mailing Address 6836 Alexander Road

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
PHYS

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : SA11AI.9089

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City State Zip Code
 Charlotte NC 28203

FEC ID number of contributing federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.67

Date of Receipt

M M / D D / Y Y Y Y Y
 01 03 2012

Transaction ID : SA11AI.8871

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City State Zip Code
 Charlotte NC 28203

FEC ID number of contributing federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y
 02 01 2012

Transaction ID : SA11AI.8984

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City State Zip Code
 Charlotte NC 28203

FEC ID number of contributing federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.01

Date of Receipt

M M / D D / Y Y Y Y Y
 03 01 2012

Transaction ID : SA11AI.8995

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City State Zip Code
 Charlotte NC 28203

FEC ID number of contributing federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 30 2012

Transaction ID : SA11AI.9053

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 01 03 2012

Transaction ID : SA11AI.8900

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

c. Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 01 2012

Transaction ID : SA11AI.8963

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

1250.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2012

Transaction ID : SA11AI.9016

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : SA11AI.9076

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

C. Russell C Guerin

Mailing Address 3324 Meadow Bluff Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2012

Transaction ID : SA11AI.9045

Amount of Each Receipt this Period

2000.00

Credit

SUBTOTAL of Receipts This Page (optional)..... ►

2833.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Henry C Hawthorne

Mailing Address 1310 James B White Hwy N

City State Zip Code
 Whiteville NC 28472

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 01 2012

Transaction ID : SA11AI.8994

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

B. Henry C Hawthorne

Mailing Address 1310 James B White Hwy N

City State Zip Code
 Whiteville NC 28472

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 30 2012

Transaction ID : SA11AI.9052

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. James C Hunter

Mailing Address 1506 Providence Drive

City State Zip Code
 Charlotte NC 28211

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 01 2012

Transaction ID : SA11AI.8981

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶

333.35

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 26
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. James C Hunter

Mailing Address 1506 Providence Drive

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2012

Transaction ID : SA11AI.8998

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. James C Hunter

Mailing Address 1506 Providence Drive

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : SA11AI.9056

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

C. Brent R Lambert

Mailing Address 8401 Getalong Rd

City State Zip Code
Charlotte NC 28213

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2012

Transaction ID : SA11AI.9035

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

416.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Brent R Lambert

Mailing Address 8401 Getalong Rd

City State Zip Code
 Charlotte NC 28213

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11AI.9097

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

B. Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City State Zip Code
 Huntersville NC 28078

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 01 / 2012

Transaction ID : SA11AI.9015

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City State Zip Code
 Huntersville NC 28078

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11AI.9100

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Ms. Martha Ann B McConnell

Mailing Address 3617 Charolais Lane

City

Harrisburg

State

NC

Zip Code

28075

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	03	/	2012

Transaction ID : SA11AI.8896

Amount of Each Receipt this Period

1000.00

Payroll Deduction \$1000 monthly

Full Name (Last, First, Middle Initial)

B. Mr. James T McDeavitt

Mailing Address 826 Berkeley Avenue

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2012

Transaction ID : SA11AI.8946

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. James T McDeavitt

Mailing Address 826 Berkeley Avenue

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2012

Transaction ID : SA11AI.9034

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1333.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 26
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

<p>Full Name (Last, First, Middle Initial) A. Mr. James T McDeavitt</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2012 Transaction ID : SA11AI.9096</p>		
<p>Mailing Address 826 Berkeley Avenue</p>			<p>Amount of Each Receipt this Period 166.67</p>		
<p>City Charlotte</p>	<p>State NC</p>	<p>Zip Code 28203</p>	<p>Payroll Deduction \$166.67 monthly</p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p>Aggregate Year-to-Date ▼ 666.68</p>		
<p>Name of Employer CarolinasHealthCareSystem</p>		<p>Occupation ADMIN</p>	<p>Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>Full Name (Last, First, Middle Initial) B. Mr. James C Olsen</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 02 / 01 / 2012 Transaction ID : SA11AI.8957</p>		
<p>Mailing Address 5900 Summerston Place</p>			<p>Amount of Each Receipt this Period 125.00</p>		
<p>City Charlotte</p>	<p>State NC</p>	<p>Zip Code 28277</p>	<p>Payroll Deduction \$125 monthly</p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p>Aggregate Year-to-Date ▼ 250.00</p>		
<p>Name of Employer CarolinasHealthCareSystem</p>		<p>Occupation ADMIN</p>	<p>Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>Full Name (Last, First, Middle Initial) C. Mr. James C Olsen</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2012 Transaction ID : SA11AI.9022</p>		
<p>Mailing Address 5900 Summerston Place</p>			<p>Amount of Each Receipt this Period 125.00</p>		
<p>City Charlotte</p>	<p>State NC</p>	<p>Zip Code 28277</p>	<p>Payroll Deduction \$125 monthly</p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p>Aggregate Year-to-Date ▼ 375.00</p>		
<p>Name of Employer CarolinasHealthCareSystem</p>		<p>Occupation ADMIN</p>	<p>Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>416.67</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. James C Olsen

Mailing Address 5900 Summerston Place

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11AI.9082

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2012

Transaction ID : SA11AI.8884

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2012

Transaction ID : SA11AI.8975

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

925.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 01 2012

Transaction ID : SA11AI.9004

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 30 2012

Transaction ID : SA11AI.9062

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

Full Name (Last, First, Middle Initial)

C. Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City State Zip Code
 Charlotte NC 28210

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 01 2012

Transaction ID : SA11AI.9029

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

883.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City	State	Zip Code
Charlotte	NC	28210

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

Transaction ID : SA11AI.9091

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

B. Thomas J Pulliam

Mailing Address 1105 Fawnbrook Road

City	State	Zip Code
Lewisville	NC	27023

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

PHYS

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	03	/	2012

Transaction ID : SA11AI.8866

Amount of Each Receipt this Period

300.00

Payroll Deduction \$300 monthly

Full Name (Last, First, Middle Initial)

C. Thomas J Pulliam

Mailing Address 1105 Fawnbrook Road

City	State	Zip Code
Lewisville	NC	27023

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

PHYS

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2012

Transaction ID : SA11AI.8988

Amount of Each Receipt this Period

300.00

Payroll Deduction \$300 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

683.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Thomas J Pulliam

Mailing Address 1105 Fawnbrook Road

City

Lewisville

State

NC

Zip Code

27023

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

PHYS

Receipt For: 2012

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2012

Transaction ID : SA11AI.8991

Amount of Each Receipt this Period

300.00

Payroll Deduction \$300 monthly

Full Name (Last, First, Middle Initial)

B. Thomas J Pulliam

Mailing Address 1105 Fawnbrook Road

City

Lewisville

State

NC

Zip Code

27023

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

PHYS

Receipt For: 2012

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : SA11AI.9049

Amount of Each Receipt this Period

300.00

Payroll Deduction \$300 monthly

Full Name (Last, First, Middle Initial)

C. Derek Raghavan

Mailing Address 9440 Heydon Hall Circle

City

Charlotte

State

NC

Zip Code

28210

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 01 / 2012

Transaction ID : SA11AI.8941

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

766.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Derek Raghavan

Mailing Address 9440 Heydon Hall Circle

City State Zip Code
 Charlotte NC 28210

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 01 / 2012

Transaction ID : SA11AI.9038

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. Derek Raghavan

Mailing Address 9440 Heydon Hall Circle

City State Zip Code
 Charlotte NC 28210

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11AI.9101

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

c. Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 01 / 2012

Transaction ID : SA11AI.8989

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

500.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2012

Transaction ID : SA11AI.8990

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : SA11AI.9048

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

C. Lawrence W Raymond

Mailing Address 5740 Ballinard Lane

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

PHYS

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2012

Transaction ID : SA11AI.9020

Amount of Each Receipt this Period

70.00

Payroll Deduction \$70 monthly

SUBTOTAL of Receipts This Page (optional).....▶

403.34

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Lawrence W Raymond

Mailing Address 5740 Ballinard Lane

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

PHYS

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

Transaction ID : SA11AI.9080

Amount of Each Receipt this Period

70.00

Payroll Deduction \$70 monthly

Full Name (Last, First, Middle Initial)

B. James Michael Stevenson

Mailing Address 1711 Mission Road

City

Murphy

State

NC

Zip Code

28906

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2012

Transaction ID : SA11AI.9002

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. James Michael Stevenson

Mailing Address 1711 Mission Road

City

Murphy

State

NC

Zip Code

28906

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

Transaction ID : SA11AI.9060

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

236.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Daniel W Sweat

Mailing Address 133 Twin Lake Drive

City State Zip Code
 Shelby NC 28152

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 01 / 2012

Transaction ID : SA11AI.8996

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)

B. Daniel W Sweat

Mailing Address 133 Twin Lake Drive

City State Zip Code
 Shelby NC 28152

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11AI.9054

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Michael C Tarwater

Mailing Address 1414 Biltmore Drive

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 03 / 2012

Transaction ID : SA11AI.8873

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

616.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael C Tarwater

Mailing Address 1414 Biltmore Drive

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

02 / 01 / 2012

Transaction ID : SA11AI.8982

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Michael C Tarwater

Mailing Address 1414 Biltmore Drive

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.01

Date of Receipt

03 / 01 / 2012

Transaction ID : SA11AI.8997

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Michael C Tarwater

Mailing Address 1414 Biltmore Drive

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.68

Date of Receipt

03 / 30 / 2012

Transaction ID : SA11AI.9055

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Ms. Phyllis Anne Wingate

Mailing Address 6005 Willowood Road

City

Kannapolis

State

NC

Zip Code

28081

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

222.23

Date of Receipt

03 / 30 / 2012

Transaction ID : SA11AI.9085

Amount of Each Receipt this Period

222.23

Payroll Deduction \$222.23 monthly

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

222.23

15770.71

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Kissell for CongressMailing Address 106 East Main St
PO Box 1530

City Biscoe State NC Zip Code 27209

Purpose of Disbursement

Candidate Name

Kissell for Congress

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SB23.9108

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. McHenry for Congress

Mailing Address PO BOX 1406

City HICKORY State NC Zip Code 28601

Purpose of Disbursement

Candidate Name

McHenry for Congress

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SB23.9114

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Mike McIntyre

Mailing Address PO Box 1

City Lumberton State NC Zip Code 28359

Purpose of Disbursement

Candidate Name

Mike McIntyre

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SB23.9112

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mel Watt for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Mailing Address PO Box 36831

City	State	Zip Code
Charlotte	NC	28236

Transaction ID : SB23.9110

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Mel Watt for Congress CommitteeCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NC District: 12

Amount of Each Disbursement this Period
4000.00

Full Name (Last, First, Middle Initial)

B. Mulvaney for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2012

Mailing Address PO BOX 1975

City	State	Zip Code
Lancaster	SC	29721

Transaction ID : SB23.9115

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: SC District: 05

Amount of Each Disbursement this Period
1500.00

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

5500.00

TOTAL This Period (last page this line number only)..... ►

17500.00